



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
DIVISION OF REGULATION AND LICENSURE
SECTION FOR LONG TERM CARE
INSPECTION REPORT

DATE	
TIME IN	TIME OUT
COUNTY	

NAME OF ADC PROGRAM		
ADDRESS		
DIRECTORS NAME		DESIGNATED ASSISTANT
TYPE OF FACILITY <input type="checkbox"/> FREESTANDING <input type="checkbox"/> ASSOCIATED		HOURS OF OPERATIONS DAYS OF OPERATION
TYPE OF PROGRAM <input type="checkbox"/> SOCIAL <input type="checkbox"/> MEDICAL <input type="checkbox"/> OTHER _____		MEDICAID STATUS <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVAL PENDING <input type="checkbox"/> NO APPROVAL
MAXIMUM NUMBER OF PARTICIPANTS	TOTAL PARTICIPANTS ENROLLED	PARTICIPANTS PRESENT
COMPLIANCE WITH LAWS AND REGULATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OTHER		COMPLIANCE AT REVISIT <input type="checkbox"/> YES <input type="checkbox"/> NO
DEFICIENCIES		
STAFFING (19 CSR 30-90.040)		
PROGRAM POLICIES & PARTICIPANT CARE REQUIREMENTS & RIGHTS (19 CSR 30-90.050)		
RECORDKEEPING REQUIREMENTS (10 CSR 30-90.060)		
FIRE SAFETY, CENTER AND BUILDING PHYSICAL REQUIREMENTS (19 CSR 30-90.070)		
EXIT INTERVIEW (PERSONS PRESENT)		
1. 2. 3.		
COMMENTS		
SIGNATURE OF DIRECTOR/DESIGNEE		DATE
SIGNATURE OF ADC COORDINATOR		DATE